

Child Fatality Task Force



Child Fatality Task Force Accomplishments*

Since creation of the Child Fatality Task Force in 1991, the child death rate in North Carolina has decreased 47%. A broad range of Task Force initiatives have played a significant role in protecting North Carolina's kids. Each year, about 1000 hours of volunteer time goes into creation of the Task Force agenda and implementation of its initiatives. *Some* of those initiatives are explained here, divided according to three Task Force subject committees.

Unintentional Death Prevention

Unintentional deaths are those due to accidents such as motor vehicle accidents, poisoning, fire, drug overdose, or other causes. North Carolina has been a national leader with some of the policies below that address child safety and injury reduction.

Teen Driving: North Carolina passed one of the first and most effective graduated driver license (GDL) laws in the nation. Since that time, crashes among 16 year-olds have declined 38% while fatal and serious-injury crashes declined by 47%. The CFTF also supported efforts to ban cell phone use by teens and to enforce "zero tolerance" for alcohol use among young drivers. The GDL has been modified as need to keep up with new research, such as limiting the number of passengers. Additionally, the CFTF supported the effort for "vertical licenses" so this identification quickly reveals who is under age 21.

Car seats: The CFTF advanced child passenger safety laws passed (1994 for infant seats; 2004 for booster seats) as well as a two-point penalty increase for drivers who do not assure that young passengers are appropriately restrained (2000), and a law to promote proper installation of safety seats by limiting the liability of child passenger safety technicians and volunteers.

Other vehicle safety: The CFTF recommended legislation requiring use of rear-seat safety belts by all passengers (2006) The CFTF supported limits on the use of all-terrain vehicles for children as well as safety training requirements (2005), and advanced legislation raise the minimum age for a person riding in the back of a pickup truck to 16 and removing an exemption for small counties (2008).

Prescription and Other Drug Misuse: In 2011, the CFTF promoted the ban of the sale of dangerous synthetic substances. In 2013, 2015, 2016, and 2017 the CFTF advanced improvements to the Controlled Substances Reporting System (CSRS) to reduce unnecessary prescriptions and more quickly identify potential misuse or abuse.

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The CFTF has been highly supportive of the drug-take back program Operation Medicine Drop, which has helped result in clearing millions of controlled substances out of medicine cabinets. The CFTF has also been supportive of efforts to increase access to an overdose reversal drug, naloxone.

Driving while impaired: The CFTF has advanced laws to designate impaired driving with a child in the vehicle as an aggravating factor (1993) and then an increase in the penalty (2011). The CFTF also promoted increasing the fee to restore a driver's license lost due to impaired driving with the funds being directed towards enforcing impaired driving laws and deterrence activities (2010). The CFTF also endorsed legislation requiring "zero tolerance" for alcohol measured in the blood or breath of underage drivers.

Smoke alarms/CO alarms: The CFTF advanced a penalty for landlords who fail to install smoke alarms in rental units and for tenants who disable them (1998); this measure was updated to incorporate new battery advancements in 2012. The CFTF also advanced a law requiring carbon monoxide detectors in certain rental properties (2008).

Gun safety: The CFTF convened a subcommittee including Safe Kids, the National Rifle Association and North Carolinians Against Gun Violence to create a consensus brochure in 2007 on gun safety tips; this brochure is still being distributed and is available online via Safe Kids. In 2017 and at the recommendation of the State Child Fatality Prevention Team, a firearm safety stakeholder group came together to examine the issue of safe storage of firearms, and the work of this group informed a Task Force recommendation to launch a statewide firearm safe storage initiative. In 2019, legislation that would launch and fund such an initiative was introduced. (At the time of the printing of this document this legislation is pending.)

School bus/zone safety: The CFTF recommended a measure to allow pictures taken of drivers committing a stop arm violation as acceptable evidence for conviction and makes it a felony if a student is killed due to an illegal pass of a stopped school bus (2009). A 2011 measure advanced by the CFTF increased the fine for speeding in a school zone. In 2017 the CFTF endorsed legislation addressing school bus safety, and a law was passed that authorizes civil penalties for passing a stopped school bus and the utilization of school bus cameras to facilitate automatic civil enforcement.

Skin cancer: In 2015, the CFTF advanced a law that prohibits tanning bed operators from allowing persons under age 18 to use their equipment.

Poisoning: In 2015, the CFTF advanced legislation that prohibits the sale of e-liquid containers without child-resistant packaging and without labeling indicating that contents contain nicotine. The CFTF has also supported funding Carolina's Poison Control Center.

Youth tobacco use prevention: In 2018, the CFTF endorsed a recommendation for state funding for youth tobacco prevention programs and the 2018 budget appropriated some funding for this purpose.

Statewide Child Fatality Prevention System work (relevant to all three committees): In April of 2018 the Executive Committee of the Child Fatality Task Force, with support and approval from the CFTF, led a statewide Child Fatality Prevention System Summit in Raleigh during which over 200 professionals from across the state came together to learn from state and national experts, share best practices and challenges, and take part in launching state and local initiatives focused on strengthening the statewide system.

Intentional Death Prevention

Violent – or intentional deaths – are some of the most disturbing deaths to children and one of the reasons the CFTF was created. The CFTF has advanced a number of initiatives to help prevent abuse and neglect, strengthen treatment and family function, and reduce violence against self or others.

Caseload reductions and improved services to abused and neglected children: The caseloads of Child Protective Services staff was cut by a third from 1991 caseloads. This reduction allows staff additional time to provide services to vulnerable children to better assure that they can grow up in permanent, stable families. The CFTF advanced the original pilot of Family Preservation Services (1992) and home visiting services (1997). In 2014, the CFTF supported additional funding to DSS to help keep children safe in their own homes.

CPS Hotline and other reporting: The CFTF promoted the funding that led to the creation of a Child Protective Services hotline in each county so that suspected cases of abuse and neglect can be reported and responded to in a timely fashion. In 2008, the CFTF advanced legislation to require hospitals and physicians to report serious, non-accidental trauma injuries in children to law enforcement. In 2014, the CFTF advanced with the Medical Board a requirement that doctors be trained in recognizing and reporting abuse and neglect.

Improved diagnosis and treatment for children who are allegedly abused or neglected: The CFTF promoted funding for training for child sexual abuse investigations (1995); the CFTF has also advanced funding the Child Medical Evaluation Program (1992, 2009, 2012-2014) and Child Advocacy Centers (2012- 2016). In 2013, the CFTF promoted creation of an implementation platform, the Child Treatment Program, to assure evidence-based treatment with fidelity for children who had experienced trauma. In 2017, the CFTF advanced recurring funding to the Child Medical Evaluation Program to increase reimbursement rates to align with regional rates.

Prevention of abuse and neglect: The CFTF recommended creation of “Kids First” license plates with proceeds going to the NC Children’s Trust Fund to prevent abuse and neglect (2002). Work of the CFTF in 2006 helped lead to the creation of the Child Maltreatment Leadership Team which promotes a public health approach to preventing abuse by fostering safe, stable and nurturing relationships.

Suicide prevention: In 2017, 2018, and 2019 the CFTF recommended state funding for various strategies aimed at suicide prevention, including funding for more school nurses and for programs reducing access to lethal means; in 2018 the state budget included some grant funding for these two purposes. The CFTF also recommended legislation aimed at requiring suicide prevention training and a risk referral protocol in schools; in 2018 legislation passed requiring the state-level *development* of suicide prevention training and risk referral protocols in schools and in 2019 legislation was introduced that would *require* both the training and the protocol (legislation pending as of the time of this document update). In 2019 legislation was also introduced that would appropriate funding for more school nurses (legislation pending).

Court Improvements: The CFTF advanced legislation to move adoption proceedings from Superior Court to District Court as a first step toward family court (1995). The Court Improvement Project (1998) helps cases of child abuse and neglect move through the system more quickly so that children can be adopted or reunited with their biological family. This improved process led to the number of children with 3 or more placements to be reduced by half. A 2000 CFTF proposal helped streamline termination of parental rights.

Definition of Juvenile: The CFTF recommended broadening the definition of dependent juvenile so that the local Department of Social Services could provide services when parents were unable to provide care for a variety of reasons, including incarceration (1997).

Clarified or strengthened penalties: In 1994, the CFTF worked to increase the penalty for illegally selling a gun to a minor. The CFTF endorsed strengthening penalties when methamphetamine is manufactured in a location that endangers a child (2004). The CFTF promoted efforts to strengthen the sex offender registry law in 2006. In 2008 the CFTF recommended increasing the criminal penalty for misdemeanor child abuse and to amend the criminal offense of felony child abuse. The CFTF supported legislation to prohibit the unlawful custody transfer of a child (2016).

Juvenile Justice: The CFTF supported several measures relating to Family Resource Centers, Wilderness Camps and other resources for youth in trouble, as well as diagnostic assessments for all children in “training schools” (now Youth Development Centers). In 2019, the CFTF recommended fully funding Juvenile Justice needs related to recent legislation raising the age for juvenile court jurisdiction in order to effectively address the needs of this youth population.

Perinatal Health

North Carolina infant mortality rates have declined since inception of the Task Force. Most child deaths are to infants under age 1. Research consistently demonstrates that healthy birth outcomes are due to a variety of interwoven factors.

Perinatal Tobacco Cessation and Prevention. The CFTF has supported funding for You Quit Two Quit, a perinatal tobacco cessation and prevention program that addresses the impact of tobacco on perinatal health (2016, 2017). The CFTF has also supported funding for Quitline NC (2017, 2018, 2019).

Birth defects monitoring and expanded newborn screening: The CFTF has endorsed efforts to assure monitoring of birth defects (2006, 2007), a significant cause of infant mortality. The CFTF helped to advance legislation to add three conditions to the NC newborn screening panel (2018).

Perinatal Best Practices: The CFTF supported funding to help create and support the Perinatal Quality Collaborative of NC to implement perinatal best practice projects in NC hospitals.

Infant Safe Sleep: The CFTF has supported various efforts to promote Safe Sleep and reduce SIDS (2007--2009, 2013 – 2016, 2019).

Preconception Health: The CFTF has supported funding for folic acid and other strategies to promote preconception health of women and prevent birth defects (2006, 2009, 2011 – 2016).

Preterm birth prevention. The CFTF supported funding for and training to help medical providers best deliver 17-P, a drug proven to reduce preterm birth by 33 percent (2006 – 2016), earning NC recognition as a leader in this regard from the National Conference of State Legislators. In 2013 the CFTF advanced legislation to incorporate into the Healthy Behaviors Curriculum information about preventable risks for preterm birth.

Risk-appropriate maternal and neonatal care: The CFTF has supported funding to maintain high-risk maternity care services in the eastern part of the state (2010, 2012-2016). The CFTF advanced a law requiring a study of health care facilities across NC to determine the status of NC delivering hospitals related to capabilities for handling various complexity levels of care for mothers and newborns and to identify disparities, service gaps, and other issues impacting access to timely and comprehensive care (2018).

Pulse Oximetry: The CFTF supported a quick and inexpensive test that screens newborns for certain congenital heart disease (2013).

Breastfeeding: The CFTF convened a subcommittee on the issue of breastfeeding. This work helped lead to a grant for a social marketing campaign and development of State Personnel policies for state offices to be “breastfeeding friendly,” serving as a model policy shared with municipalities. The CFTF also worked on implementation of Medicaid coverage of medical lactation support services (2014 — 2017).